

Julie Mack, MD Critique

Texas Children's Hospital has some serious concerns about the upcoming NBC News/Houston Chronicle story involving Mason Bright. The analysis of the Bright case relies on the opinions and analysis of Julie A. Mack, MD. We were made aware of a specific report that will be cited in the article that Dr. Mack authored regarding the Bright case, as well as case-specific questions based on the opinions and analysis in Dr. Mack's report. This reliance on this report raises genuine concerns from the hospital about the scientific and factual accuracy of the upcoming NBC/ Houston Chronicle story.

Dr. Mack is a part-time adult breast imaging radiologist, and she has carved a niche for herself as a child abuse "denialist" who testifies almost exclusively for the defense in child abuse cases. Her opinions and conclusions appear to reach the same result in each case she is involved in—the suspicion and/or diagnosis of child abuse was improper. As a fringe child abuse expert, there are various critics of Dr. Mack's opinions and analysis in child abuse cases over the years, including Dr. Eli Newberger, who NBC cited as an authority in child abuse pediatrics in the first publication of its "Do No Harm" series.

Dr. Newberger's harsh criticisms of Dr. Mack in a legal case where Dr. Mack was sued for failing to report suspicions of child abuse, demonstrate the danger in relying on Dr. Mack and her opinions in this area. Specifically, on July 8, 2013, Dr. Newberger authored a report condemning Dr. Mack's failure to diagnose and report child abuse as a treating radiologist of a child who ultimately suffered irreversible and devastating brain injury from continued abuse:

"Dr. Mack's failure to diagnose and document findings of abuse is untenable. This resulted in other physicians not having the full universe of information. . . . Dr. Julie Mack missed important findings on several radiology studies and failed to pursue with appropriate additional radiographs her diagnosis of multiple rib fractures and vertebral compressions. In so doing, she deviated from the standard of care. She appeared to advocate for a benign interpretation of worrisome findings that confused medical colleagues and, her actions were a key reason why the child's abuse continued to its ultimate tragic ending. She violated both the [Hospital's] policies on child abuse and the Pennsylvania mandate to report suspected abuse under the standard of care and state law. . . . The failure on the part of [the child's] providers to appropriately recognize and diagnose basic and fundamental symptoms of abuse, and to take measures to protect this infant patient from further abuse, is one of the most shocking and unsettling cases that I have seen in my career."

It is disturbing that NBC News and the Houston Chronicle is basing its story on an expert who is outside the mainstream of pediatric practice, as the risk of slanted or inaccurate reporting on child abuse puts vulnerable children at risk.

Response to TCH Critique

In its Critique, Texas Children's Hospital (TCH) appears to object to the forthcoming Houston Chronicle/NBC report on the Mason Bright case and, secondarily, my report. Rather than address the merits of the case, TCH expresses concern about my qualifications in pediatric radiology. This concern is unwarranted.

I have 25 years of experience in pediatric radiology. After obtaining an M.D. from Harvard Medical School and finishing a residency in diagnostic radiology, I completed a fellowship in pediatric radiology at Children's Medical Center, Dallas, where I remained for an extra year as an Assistant Professor of Radiology. While it is true that my current responsibilities at Penn State Hershey involve diagnostic and interventional breast imaging, I maintain an active certification in pediatric radiology (www.theabr.org) and I continue to be involved in pediatric imaging through private consulting and research. Some of my articles have been extensively cited by other authors (see <https://link.springer.com/article/10.1007/s00247-008-1084-6>).

Contrary to TCH's claims, I have never denied that child abuse exists, nor do I routinely come to the conclusion that the "diagnosis" of abuse is wrong. Since 2009, I have reviewed over 300 cases of alleged abuse and have testified in relatively few (approximately 30-35 criminal cases). When my conclusion is not favorable to the defense, I am not asked to testify. Other times, I refer cases to more appropriate experts. TCH's claim that I reach the same conclusion in all cases is incorrect and puzzling since TCH does not have access to my consulting files.

As TCH notes, I was sued in a case from 2002 in which it was alleged that I should have reported the imaging findings to child protective services rather than to the pediatrician who ordered the imaging. TCH does not disclose that my conduct was found to be proper and that the case against me was dismissed with prejudice. Instead, TCH references a critique of my work by Dr. Newberger that was provided by the plaintiff. I am attaching a review of my work in the same case by a highly respected senior radiologist, who found that I fully complied with the standard of care in interpreting the imaging and that my communication of the findings and all aspects of my professional care was appropriate. TCH further fails to mention that in 2002, I was also testifying on behalf of child protective services in cases in which my opinion supported the allegations of abuse. To suggest that in 2002 I was part of some kind of "fringe" group that denied abuse is baseless.

As a diagnostic radiologist, my role is to identify imaging abnormalities, and correlate the imaging findings with the clinical findings and history. In the Mason Bright case, it was and is my opinion that the CT findings do not contradict the history of a fall from a lawn chair onto a concrete surface as described by his mother.

Julie A. Mack, M.D.